



WEMMH/SB/21 (4/03)

3629 45

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/084.777
Filing Date	February 27, 2002
First Named Inventor	Jan Alan Eglen
Group Art Unit	3629
Examiner Name	Edward R. Cosimano
Attorney Docket Number	26054-5

Total Number of Pages in this Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm* or Individual Name	Charles P. Schmal, Reg. No. 45,082
Signature	
Date	July 15, 2003

RECEIVED

JUL 23 2003

GROUP 3600**Certificate of Mailing**I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: July 15, 2003


Typed or printed name	Charles P. Schmal		
Signature		Date	July 15, 2003

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FEE TRANSMITTAL		Complete if Known		RECEIVED JUL 23 2003 GROUP 3600
FOR FY 2003		Application Number	10/084,777	
Patent fees are subject to annual revision.		Filing Date	February 27, 2002	
		First Named Inventor	Jan Alan Eglen	
		Group Art Unit	3629	
Total Amount of Payment (\$270.00)		Examiner Name	Edward R. Cosimano	
		Attorney Docket Number	26054-5	

METHOD OF PAYMENT		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP					
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$ 0.00)
2. EXTRA CLAIM FEES					
Total Claims	125	-109**	16	X	9 = 144.00
Independent Claims	9	-6**	3	X	42 = 126.00
Multiple Dependent					
Large Entity	Small Entity	Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
	18		9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 270.00)
**or number previously paid, if greater; For Reissues, see above					
		Other Fee (specify) _____			
		* Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$ 0.00)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Charles P. Schmal	Registration No. (Attorney/Agent)	45,082
Signature		Telephone	(317) 634-3456
		Date	July 15, 2003



26054-5.CPS.clk:229357

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
)
Jan Alan Eglen) Before the Examiner
)
Application No. 10/084,777) Edward R. Cosimano
)
Filed February 27, 2002) Group Art Unit 3629
)
DIGITAL ONLINE EXCHANGE) July 15, 2003

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GROUP 3600

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Introductory Comments

In response to the Office Action dated April 16, 2003, please enter the following amendments and remarks in the above-identified patent application. The Commissioner is authorized to charge any extensions of time or credit any overcharges to Deposit Account No. 23-3030, but not to include any payment of issue fees.

07/21/2003 HABRHAH1 00000060 10084777

01 FC:2201
02 FC:2202

126.00 DP
144.00 DP

OK
pd

Response to Office Action
Serial No. 10/084,777
Group Art Unit 3629
Attorney Docket No. 26054-5
Page 1 of 48

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July 15, 2003
(Date of Deposit)

Charles P. Schmal

Name

Signature

July 15, 2003
Date of Signature